Dear Stakeholders:

If you have comments on this regulatory proposal, please submit them in writing by **Friday, March 29, 2013** by e-mail to <u>laurie.schoder@state.co.us</u> or by fax to 303-753-6214. If you have questions, please call Laurie Schoder at 303-692-2832. Changes are highlighted in <u>yellow</u>.

1	CHAPTER IX - COMMUNITY CLINICS AND COMMUNITY CLINICS AND EMERGENCY CENTERS				
2	6 CCR 1011-1 Chap 09				
3					
4	SUBCHAPTER IX.A - GENERAL REQUIREMENTS				
5 6	SUBCHAPTER IX.B - ADDITIONAL REQUIREMENTS FOR CLINICS WITH INPATIENT BEDS AND COMMUNITY EMERGENCY CENTERS				
7	SUBCHAPTER IX.A - GENERAL REQUIREMENTS				
8					
9	Part 2. DEFINITIONS				
10	2.101				
11 12	(1) "Anesthetizing services" means conscious sedation, deep sedation, regional anesthesia, and general anesthesia used during the course of providing treatment.				
13 14 15 16	(2) "Clinic serving the uninsured or underinsured" means a nonprofit facility whose sole mission is the delivery of primary care to low-income and publicly insured patients regardless of ability to pay. Any charges assessed, whether a flat fee or on a sliding fee scale, shall be based on the patient's income and ability to pay.				
17	(3) "Community clinic" means:				
18 19 20 21	(a) a health care facility that provides health care services on an ambulatory basis, is neither licensed as an on-campus department or service of a hospital nor listed as an off-campus location under a hospital's license, and meets at least one of the following criteria:				
22 23 24	<ul> <li>(i) operates inpatient beds at the facility for the provision of extended observation and other related services for not more than seventy-two hours.</li> </ul>				
25	(ii) provides emergency services at the facility.				
26	(iii) is operated or contracted by the Department of Corrections.				
27 28 29 30 31	(iv) provides primary care services, is not otherwise subject to health facility licensure under Section 25-3-101, C.R.S. or Section 2-1.5-103, C.R.S., but opts to obtain licensure in order to receive private donations, grants, government funds, or other public or private reimbursement for services rendered.				

1	(b) The term "community clinic" does not mean:
2	(i) a federally qualified health center.
3	(ii) a rural health clinic.
4 5 6 7 8 9 10	(iii) a facility that functions only as an office for the practice of medicine or the delivery of primary care services by other licensed or certified practitioners. A health care facility is not required to be Ilcensed as a community clinic solely due to the facility's ownership status, corporate structure, or engagement of outside vendors to perform nonclinical management services. This section permits regulation of a physician's office only to the extent the office is a community clinic as defined in this Section 2.101 (3)(a).
12 13 14 15	(4) "Community emergency center" means a community clinic that delivers emergency services. The care shall be provided 24 hours per day, 7 days per week every day of the year, unless otherwise authorized herein. A community emergency center may provide primary care services and operate inpatient beds.
16 17 18	(5) "Emergency services" means the treatment of patients arriving by any means who have medical conditions, including acute illness or trauma, that if not treated immediately could result in loss of life, loss of limb, or permanent disability.
19 20 21 22 23 24	(6) "Inpatient beds" means the use of beds for the care of medically stable patients who present for primary care services but would benefit from monitoring by nurses and physicians for a period between 12 and 72 hours, except that the 72-hour limit shall not apply to prison clinics. Such inpatient beds are not meant to be used for routine preparation or recovery prior to or following diagnostic or surgical services; or to accommodate inpatient overflow from another facility.
25 26 27 28	(7) "Federally qualified health center (FQHC)" means a facility that meets the definition under Section 1861 (aa)(4) of the federal "Social Security Act", 42 U.S.C. Section 1395x (aa)(4) which provides for the delivery of comprehensive primary and after hours care in underserved areas.
29 30	(8) "Governing body" means the board of trustees, directors, or other governing entity in whom the ultimate authority and responsibility for the conduct of the clinic is vested.
31 32 33 34 35 36	(9) "Plan review" means the review by the Department, or its designee, of new construction, previously unlicensed space, or remodeling to ensure compliance by the facility with the National Fire Protection Association (NFPA) Life Safety Code and with this Chapter IX. Plan review consists of the analysis of construction plans/documents and onsite inspections, where warranted. For the purposes of the NFPA requirements, the Department is the authority having jurisdiction for state licensure.
37 38 39 40 41	(109) "Preventive health services" means services provided to patients to prevent disease and interventions in patient behaviors designed to avert or ameliorate negative health consequences. Preventive health services may include, but are not limited to, nutritional assessment and referral, preventive health education, pre-natal care, well child services (including periodic screening), and immunizations.
12 13 14	(4410) "Primary care services" means outpatient health care provided for the entire body rather than a specific organ system that includes: comprehensive assessment at first contact; preventive health services; evaluation and treatment of health care concerns; referrals to

1 2						
3 4 5	( <mark>42</mark> 11)	of the federal "Se		ne definition under Section 1861 (aa)(2) ction 1395x (aa)(2) which provides for nderserved, non-urban areas.		
6 7 8 9	( <mark>13) "S</mark>	<mark>bearing or to the element. Structu</mark>	scheme (layout) of a building as	, means an element relating to load epposed to a screening or ornamental b but are not limited to: floor joists, ans and foundations.		
10						
11	Part 4. FIRE S	<mark>AFETY AND</mark> PH	YSICAL PLANT STANDARDS			
12 13 14 15 16 17	the exc review l plan rev facility l	eption of clinics o by the Division of view is optional fo ead to a determir	perated in prisons and school-ba Fire Safety, pursuant to C.R.S. 2 or clinics that opt to obtain licensu	4.101 applies to community clinics with ased clinics subject to construction plan 24-33.5-1203 (1)(p) (2012). In addition, are unless the services provided by the afacility shall meet ambulatory health		
18 19 20 21	Plan review and plan review fees are required as listed below. If the facility has been approved by the Department to use more than one building for the direct care of patients on its campus, each building is subject to the applicable base fee plus square footage costs. Fees are nonrefundable and shall be submitted prior to the Department initiating a plan review for a facility.					
22	(1) Initial Licensure, Additions, Relocations					
23 24			is applicable to the following, and upancy of existing structures:	d includes new facility construction and		
25 26	(i) Applications for an initial license, when such initial license is not a change of ownership and the application is submitted on or after July 1, 2009.					
27 28 29 30	(ii) Additions of previously uninspected or unlicensed square footage to an existing occupancy and the building permit for such addition is issued on or after July 1, 2009 or if no permit is required by the local jurisdiction, construction began on or after July 1, 2009.					
31 32	(iii) Relocations of a currently licensed facility in whole or in part to another physical plant, where the occupancy date occurs on or after July 1, 2009.					
33	(b) Initial licensure, addition, and relocation plan review fees:					
34	(i) Base fee of \$2,250, plus square footage costs as shown in the table below.					
		Footage	<del>Cost per Square Foot</del>	Note Property of the Property		
	<del>0-25</del> ,0	<mark>00 sq ft</mark>	<del>\$0.10</del>	This is the cost for the first 25,000 sq ft of any plan submitted.		
	<del>25,00</del>	<del>1+sq ft</del>	<del>\$0.02</del>	This cost is applicable to the additional square		

			<del>footage over 25,000 sq ft.</del>	
	<del>(2) Remodeling</del>			
			which the application for the building risdiction is dated on or after July 1, 20	
	<del>or if n</del>	o permit is required by the local ju-	<mark>risdiction, construction began on or af</mark>	
	<del>July 1</del>	<del>, 2009. Remodeling includes, but i</del>	<del>is not limited to:</del>	
	<del>(i) Alt</del>		of a structural element subject to Life	
		<del>Safety Code standards, such as</del> resisting walls.	s egress door widths and smoke or fire	
	<del>(ii) R</del> o		f walls that results in alteration of 25%	
		<del>more of the existing nabitable single compartment.</del>	<del>quare footage or 50% or more of a sm</del>	
	<del>(iii) C</del>	Conversion of existing space into re	ooms with inpatient beds.	
	<del>(iv) C</del>	Changes to egress components, sp	pecifically the alteration of a structural	
		egress components include, but	of an egress component. Examples of tare not limited to, corridors, stairwells	
		exit enclosures, and points of re		
	<del>(v) In</del>	stallation of any new sprinkler sys		
		relocation of 20 or more sprinkle	<del>er heads.</del>	
	<del>(vi) -lr</del>	nstallation of any new fire alarm sy	estem, or addition, removal or relocation	
		zu or more fire alarm system ap stations, detectors and notificati	opliances including, but not limited to, ion devices.	
	<del>(vii) l</del> i	nstallation, removal or renovation	of any kitchen hood suppression syste	
	(viii)	Essential electrical system: replac	ement or addition of a generator or	
	(****)	transfer switch. However, replace	cement of either the generator or trans	
	switch with one having the same exact performance specifications is considered maintenance and not subject to plan review.			
	(b) Remodeling plan review fees:			
_	(i) Base fee of \$1,750, plus square footage costs as shown in the table below			
	Square Footage	Cost per Square Foot	Note Project Control of the Control	
	<del>0-20,000 sq ft</del>	<del>\$0.07</del>	This is the cost for the first 20,000 sq ft of any	
			<del>plan submitted.</del>	
	<del>20,001+ sq ft</del>	<del>\$0.02</del>	This cost is applicable to	
			the additional square	
			footage over 20,000 sq ft.	

4.102 COMPLIANCE WITH THE FIRE SAFETY REQUIREMENTS

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1 2 3 4 5 6	(1) With the exception of school-based clinics subject to construction plan review by the Division of Fire Safety pursuant to C.R.S. 24-33.5-1203 (1)(p) (2010), community clinics shall be compliant with the applicable occupancy chapter of the National Fire Protection Association (NFPA) 101, Life Safety Code (2000), which is hereby incorporated by reference in accordance with the provisions regarding incorporation by reference at the beginning of this chapter.
7 8 9 10 11	(a) Facilities licensed on or before April 30, 2012 shall meet the applicable "existing occupancy" requirements. Facilities licensed on or after May 1, 2012, or portions of facilities that undergo remodeling on or after May 1, 2012, shall meet the applicable "new occupancy" requirements. In addition, if the remodel represents a modification of more than 50 percent of the total interior licensed space, the entire licensed space shall be renovated to meet "new occupancy" requirements.
13 14 15	(b) Notwithstanding subsection (1)(a) above, primary care clinics that are in operation before May 1, 2012 and submit a license application before July 1, 2012 shall meet "existing occupancy" requirements.
16	(2) Notwithstanding NFPA 101 Life Safety Code (2000) provisions to the contrary:
17 18	(a) When differing fire safety standards are imposed by federal, state or local jurisdictions, the most stringent shall apply.
19 20	(b) Any story containing an exterior door or an exterior window that opens to grade level shall be counted as a story.
21 22	(c) The occupancy requirement is based on the level of services provided to one or more persons in such occupancy.
23 24 25	(3) Exceptions to 2-Hour Firewall Requirements. Facilities that are not classified as either an ambulatory health care occupancy or a health care occupancy shall be exempt from the provisions set forth in 6 CCR 1011-1, Chapter II, Section 2.3.5 (A).
26	4.10 <del>3</del> 1 COMPLIANCE WITH FGI AIA STANDARDS
27 28 29 30 31 32 33 34 35 36 37 38	(1) The "Guidelines for Design and Construction of Health Care Facilities" (2006 Edition), American Institute of Architects (AIA), may be used by the Department in resolving health, building, and life safety issues for construction initiated or systems installed on or after July 1, 2009. The AIA Guidelines are hereby incorporated by reference in accordance with the provisions regarding incorporation by reference at the beginning of this chapter. THE DEPARTMENT SHALL RELY ON THE GUIDELINES FOR DESIGN AND CONSTRUCTION FOR HEALTH CARE FACILITIES, (2010 EDITION), FACILITY GUIDELINES INSTITUTE (FGI) IN RESOLVING PHYSICAL PLANT HEALTH AND SAFETY ISSUES FOR CONSTRUCTION INITIATED OR SYSTEMS INSTALLED ON OR AFTER JULY 1, 2013. THE GUIDELINES FOR DESIGN AND CONSTRUCTION FOR HEALTH CARE FACILITIES, (2010 EDITION), FACILITY GUIDELINES INSTITUTE (FGI) IS HEREBY INCORPORATED BY REFERENCE AND DOES NOT INCLUDE ANY LATER AMENDMENTS TO OR EDITIONS OF THE GUIDELINES.
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41 42	SUBCHAPTER IX.B - ADDITIONAL REQUIREMENTS FOR CLINICS WITH INPATIENT BEDS AND COMMUNITY EMERGENCY CENTERS
13	Part 6 GOVERNANCE AND LEADERSHIP

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2	6.102 PROGRAMMATIC FUNCTIONS. The governing body shall:
3 4 5	(b) Community Emergency Center. The community emergency center shall maintain operations on a 24-hour basis, every day of the year, except as authorized below.
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7 8 9 0	(ii) Seasonal Closures. a community emergency center in a non- metropolitan area that experiences seasonal population influx may choose to only operate each year during specified times. A facility that conducts seasonal closures shall develop and implement a written plan that addresses:
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13 14 15 16 17 18 19 20 21 22	(E) fire drills, procedures in case of fire, evacuation and relocation procedures. Fire drills shall be conducted at least once per shift every three months that the facility is open in accordance with the Life Safety Code. In addition, prior to accepting patients or within 24 hours of resumption of services: all staff and all shifts shall participate in a fire drill; and all staff shall be oriented to the procedures in case of fire as well as their responsibilities during an evacuation and relocation emergency.
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